

RULE 63 (37 C.F.R. 1.63)
INVENTORS DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PERIPHERAL VEIN FLUID REMOVAL IN HEART FAILURE

the specification of which (check applicable box(es)):

- ☐ is attached hereto
☒ was filed on July 18, 2000 as U.S. Application Serial No. 09/618,759 (Atty. Dkt. No. 3659-10)
☐ was filed as PCT International application No. on
 and (if applicable to U.S. or PCT application) was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Prior Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

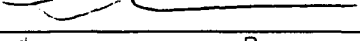
Application Number	Date/Month/Year Filed
60/206,232	May 23, 2000

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):

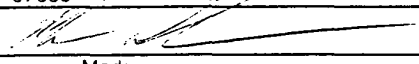
Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby ask that all communications in this matter be directed to:
NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000.

- Inventor's Signature:  Date: 8/5/2000

Inventor: Howard R. LEVIN USA
 (first) MI (last) (citizenship)

Residence: (city) Teaneck (state/country) New Jersey

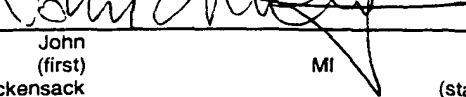
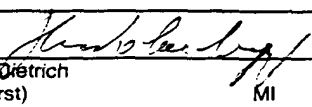
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- Inventor's Signature:  Date: 8/3/2000

Inventor: Mark GELFAND USA
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FOR ADDITIONAL INVENTORS, check box ☒ and attach sheet with same information and signature and date for each.

3. Inventor's Signature:  Date: 8/4/2000
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4. Inventor's Signature:  Date: Aug/11/2000
Inventor: Hans-Ottrich POLASCHEGG
(first) (last)
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5. Inventor's Signature: _____ Date: _____
Inventor: _____
(first) MI (last) (citizenship)
Residence: (city) _____ (state/country) _____
Post Office Address: _____
(Zip Code) _____
6. Inventor's Signature: _____ Date: _____
Inventor: _____
(first) MI (last) (citizenship)
Residence: (city) _____ (state/country) _____
Post Office Address: _____
(Zip Code) _____

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.